



Dexcom, Inc. | Corporate Headquarters
6340 Sequence Drive
San Diego, CA 92121
888.738.3646
dexcom.com

January 19, 2021

North Dakota Legislative Assembly
House Standing Committee on Human Services
Re: Dexcom support of ND HB1288

Chairman Weisz and Members of the House Standing Committee on Human Services:

Dexcom is pleased to support ND HB1288, which requires medical assistance coverage, including Medicaid Expansion, to include coverage of a continuous glucose monitoring (CGM) device for a covered individual with type I diabetes.

Founded in 1999 and based in San Diego, Dexcom, Inc. is the market leader in transforming diabetes care and management by providing superior continuous glucose monitoring (CGM) technology to help patients and healthcare professionals better manage diabetes¹. CGM technologies allow individuals with diabetes to track their glucose levels at regular intervals throughout the day and night and help patients with diabetes more accurately dose insulin. According to the American Diabetes Association, CGMs are today's recognized Standard of Medical Care for effective diabetes treatment for those patients on insulin therapy.

Patients with better management of their diabetes have better outcomes, a higher quality of life and cost significantly less to the state. Without proper care, diabetes patients are at increased risk of blindness, limb amputation, kidney failure and heart disease. These complications lead to a significant impact on healthcare utilization and costs. Real time CGM systems have been proven to improve glucose control through reductions in HbA1c and time spent in hypoglycemia. These improvements have been demonstrated for patients on insulin therapy regardless of one's education level, income, age or math ability². The alerts, alarms and share feature of real-time therapeutic CGM systems help address hypoglycemia and are extremely important in saving lives and saving money with reduced hospitalizations.

Now more than ever, in the midst of the COVID-19 pandemic, it is critical to keep diabetes patients healthy and out of the hospital. Unfortunately, there is a strong correlation between diabetes and COVID-19. According to the Center for Disease Control, diabetes is a significant underlying medical condition that increases the risk of serious COVID-19 complications. Currently, diabetes-related coronavirus complications account for 30% of hospitalizations and diabetes is the second leading cause of death for COVID-19 patients.

Managing diabetes with the appropriate products and devices, improving HbA1C for patients with diabetes, and reducing hospitalizations results in significant savings.

- \$8,539 cost per hospitalization from diabetes ketoacidosis³
- \$3,836 cost per hospitalization from hypoglycemia⁴
- \$1,076 to \$1,492 cost savings per 1 percent reduction in HbA1C⁵

Studies indicate that CGMs decrease diabetes-related hospital admissions by up to 76 percent⁶ and lead to improved glycemic control².

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Most commercial plans cover CGM and Medicare beneficiaries with Type 1 or Type 2 diabetes on insulin therapy are eligible for therapeutic CGM coverage (Ruling No.: CMS-1682-R). Additionally, over two-thirds of state Medicaid programs offer some type of CGM coverage for their enrollees.

With the proven improvements in patient health outcomes associated with CGMs and the corresponding financial savings opportunities, Dexcom strongly supports ND HB1288 and the measure's required coverage of CGMs for individuals with type I diabetes.

Thank you for consideration, and please do not hesitate to contact me directly with any questions. I can be reached at dee.stahly@dexcom.com or 317-750-2465.

Sincerely,



Dee Ann Stahly
Director, Government Affairs
Dexcom, Inc.

References

1. See <https://www.dexcom.com/about-dexcom>
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3. Tieder, JS, McLeod L, Keren R, et al. Variation in Resource Use and Readmission for Diabetic Ketoacidosis in Children's Hospitals. *Pediatrics*. 2013;132(2):229-236.
4. Liu J, Wang R, Ganz ML, Paprocki Y, Schneider D, Weatherall J. The burden of severe hypoglycemia in type 1 diabetes. *Current medical research and opinion*. 2018;34(1):171-177.
5. Wagner EH, Sandhu N, Newton KM, McCulloch DK, Ramsey SD, Grothaus LC. Effect of improved glycemic control on health care costs and utilization. *Jama*. 2001;285(2):182-189.
6. Charleer S, Mathieu C, Nobels F, et al. Effect of Continuous Glucose Monitoring on Glycemic Control, Acute Admissions, and Quality of Life: A Real-World Study. *The Journal of clinical endocrinology and metabolism*. 2018;103(3):1224-1232.